

VIRGINIA DEPARTMENT OF HEALTH
DRINKING WATER
FINANCIAL AND CONSTRUCTION ASSISTANCE PROGRAMS (FCAP)

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**Note: This is printed on Gray paper
Submit this application and all materials
plus one copy of everything.**

APPLICATION FOR PLANNING/DESIGN GRANTS

SECTION A – PRELIMINARY QUESTIONS

1. What is the average water loss for this water system (percent)? _____ %
Please provide all supporting information and calculations used to derive this estimated water loss.

2. Is Leak Detection included in this planning/design grant application? Yes [] No []

If you answered “No” above, please proceed to “**SECTION B – ORGANIZATIONAL DATA**”.

If you answered “Yes” above, then please proceed to question **A.3**.

3. In “**SECTION G – ACTIVITY DESCRIPTION**”, please include (but not limited to) the following information:

In “**Exhibit A – Project Description**”: description of the water loss problems the system is encountering and the impacts of these losses on the system; has a distribution system survey or system mapping been performed (to include type and estimated age of the pipe material); has a water audit been performed to estimate losses (if not, please explain how water losses are estimated); are there suspected leak locations already identified; and has any previous leak detection work been performed on this system.

In “**Exhibit B – Project Budget**”, please have a separate line item under “Activity” and “Estimated Cost” for Leak Detection.

In “**Exhibit C – Project Schedule**”, please have a separate line item under “Activity”, “Start Date”, and “Projected Completion Date” for Leak Detection.

SECTION B - ORGANIZATIONAL DATA (ALL APPLICANTS)

1. Legal Applicant/Owner of the waterworks

a. Name of Applicant: _____

b. Applicant Address: _____

c. Contact Person: _____

d. Telephone Number: _____ FAX Number: _____ Email: _____

e. Project Name: _____ Location (City/County) _____

2. Waterworks type: Publically-owned community _____ PWS ID number: _____ System Name _____
Investor-owned community _____ PWS ID number: _____ System Name _____

3. Consulting Engineer (If applicable)

- a. Firm Name: _____
- b. Firm Address: _____

- c. Project Manager/Engineer _____
- d. Telephone Number: _____ FAX Number: _____ Email: _____

Submittal of this application is only a starting point for discussion and is not a binding agreement on either party.

Incomplete information may result in the delay or rejection of the application request.

The undersigned representative of the applicant certifies that the information contained herein and the attached statements and exhibits are true, correct and complete to the best of their knowledge and belief. The undersigned agrees to clarify or supplement information pertaining to this application upon request.

Applicant/Applicant's Representative:

NAME and TITLE: _____

SIGNATURE _____ DATE: _____

(NOTE: Also sign and submit "Certification Regarding Lobbying")

SECTION C - PROPOSED FINANCING (ALL APPLICANTS)

1. Funding

a. VDH Assistance Needed \$_____ - Provide Documentation of a detailed estimate preferably by an Engineer.

b. Other Assistance Available: – Please Document

<u>Source</u>	<u>Dollars</u>	<u>Source Name</u>	<u>Status</u> (approved, pending, etc.)
1a. grant	_____	_____	_____
b. loan	_____	_____	_____
2a. grant	_____	_____	_____
b. loan	_____	_____	_____
3a. grant	_____	_____	_____
b. loan	_____	_____	_____
4a. grant	_____	_____	_____
b. loan	_____	_____	_____
5a. grant	_____	_____	_____
b. loan	_____	_____	_____

SUBTOTAL

c. Total Activity Cost (1a+1b) = \$_____

SECTION D – PLANNING/DESIGN GRANT ISSUES

Presented here are relative issues that need consideration for planning/design grants:

1. Health Issues	<u>Yes</u>	<u>No</u>
Is there a Health Hazard declaration by the State Health Commissioner?	_____	_____
Is there a <i>Surface Water Treatment Rule</i> violation, i.e., inadequately treated surface water or groundwater under the influence of surface water?	_____	_____
Are there persistent <i>Total Coliform Rule</i> or <i>Nitrate</i> standard violations?	_____	_____
Is there a continuing <i>Boil Water Notice</i> ?	_____	_____
Are there inadequate individual water supplies documented by the District Health Director or the Planning District Commission?	_____	_____

Please provide documentation.

Are there persistent PMCL violations for contaminants such as VOC, SOC, IOC, RAD etc.?	_____	_____
Are there Lead and Copper Action Levels Exceedances?	_____	_____
Is the waterworks in Significant Noncompliance (SNC)?	_____	_____

SECTION D – PLANNING GRANT ISSUES (continued)

Please provide documentation.

Will the project resolve conditions of inadequate quality and quantity of a groundwater source water supply? _____

Will the project ensure that drinking water receives appropriate treatment as needed to protect the health of the consumers? _____

Will the project prevent conditions favoring the entrance of contaminants into the distribution system, e.g., inadequate pressure, inadequate storage, system leakage, etc. _____

Please provide documentation.

2. Median Household Annual Income of area to be served _____ Use the census block or latest update for county/city/towns. Provide project specific income survey data for those projects not large enough to be identifiable via census information.

Provide Documentation; Basis/Referenced Source:

3. Regionalization – Will this project result in consolidation of one or more non-complying waterworks? One or more complying waterworks? Explain and document below or on an attachment.

4. Users: - Please Document

- a. Existing number of total connections: _____ and population _____.
- b. Existing number of total residential connections _____ and population _____.
- c. Projected number of residential connections after project _____ and population _____.
- d. Projected total connections of the project _____ and population _____.
- e. User agreements obtained _____; _____ residential, _____ other.

SECTION E – READINESS TO PROCEED

Please provide documentation that your controlling board, council, president, etc. has approved this project submittal.

New construction timeline	<u>Yes</u>	<u>No</u>	<u>Date done or projected</u>
1. Retention of VA Licensed Professional Engineer via proper procurement - Engineering firm name _____	_____	_____	_____
2. Application for permit at VDH	_____	_____	_____
3. Preliminary Engineering Report submitted to VDH	_____	_____	_____
4. Preliminary Engineering Report approved by VDH	_____	_____	_____
5. Environmental Review	_____	_____	_____
6. Final Plans submitted to VDH	_____	_____	_____
7. Final Plans approved by VDH	_____	_____	_____
8. Land and Easement Acquisition	_____	_____	_____
9. Advertise for bids	_____	_____	_____
10. Construction to begin	_____	_____	_____
11. Loan Closing	_____	_____	_____
12. Construction to be complete	_____	_____	_____
13. Operation permit issued	_____	_____	_____
14. Explain status of necessary permits (401/404, VPDES, Groundwater withdrawal, etc.)	_____	_____	_____

SECTION F -STATISTICAL DATA

1. Individual water meters are on:

_____ all services

_____ only commercial accounts

_____ only residential customers

_____ none are metered. If none are metered, is metering included in this project? ____yes ____no

Explanatory statement, if appropriate:

2. Rates:

Existing monthly charges (explain here or attach rate schedule):

When were rates last increased? Please describe the adjustment.

3. What is your connection fee for water?

SECTION G – ACTIVITY DESCRIPTION

Please provide a detailed description including a breakout of necessary activities from VDH funding and each activities individual cost. Use the attached Exhibit A and B to submit this.

SECTION H – ACTIVITY BEGIN AND END DATES

Please provide a beginning and end date for each activity, if applicable, for the proposed activities described in Section E. Use the attached Exhibit C to submit this.

EXHIBIT A

PROJECT DESCRIPTION

Grantee: _____

Grant #: _____

Below is a detailed project description.

EXHIBIT B

PROJECT BUDGET

Grantee: _____

Grant #: _____

The following budget should reflect all grant eligible costs associated with the project.

[illegible]

EXHIBIT C
PROJECT SCHEDULE

Grantee: _____
Grant #: _____

The Schedule should reflect all grant eligible activities related to the project.

ACTIVITY	START DATE	PROJECTED COMPLETION DATE